By: JPRADO

Deputy Clerk

06/23/11

Date

| Case 2:11-cv-05264-CAS -FFM | Document 4 | Filed 06/23/11 | Page 2 of 3 | Page ID #:2 |
|---|------------------------|---------------------------|----------------------|-------------|
| ¥ | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | TRICT COURT | | <u></u> |
| CENTRAL DISTRICT OF CALIFORNIA CASE NUMBER | | , | · | |
| SIDNEY CHOW | | O/IOE NOWIDEN | | |
| | PLAINTIFF(S) | CV11- 5264 | DMG (MRWx |) |
| V. | | | | |
| COUNTY OF LOS ANGELES ET AL | | ADR PROGRAM QUESTIONNAIRE | | |
| | DEFENDANT(S). | | | |
| | | | | |
| (1) What, if any, discovery do the parties be | elieve is essential i | n order to prepare ade | quately for a settle | ment |
| conference or mediation? Please outline w | ith specificity the ty | pe(s) of discovery and | proposed complet | ion |
| date(s). Please outline any areas of disagre | eement int this rega | ard. Your designations | do not limit the dis | scovery |
| that you will be able to take in the event this | s case does not set | tle. | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | · | | | |
| | | | | |
| | i | | | |
| | | | | |
| (2) What are the damage amounts being c | laimed by each pla | intiff? Identify the cate | ories of damage | |
| claimed [e.g., lost profits, medical expenses | s (past and future), | lost wages (past and fo | uture), emotional d | listress, |
| damage to reputation, etc.] and the portion | of the total damage | es claimed attributed to | each category. | |
| | | | | |
| | | | | |
| | | | | |
| | | | <u></u> | |
| | , | | | |
| | | <u> </u> | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Yes [] No [] | (3) Do the parties agree to utilize a private mediator in lieu of the court's ADR Program? Yes [] No [] | | | |
|---|--|--|--|--|
| | | | | |
| (4) if this case is in category civil rights - employment (442), check all boxes that describe the legal bases of plaintiff claim(s). | | | | |
| _] Title VII | ☐ Age Discrimination | | | |
|] 42 U.S.C. section 1983 | California Fair Employment and Housing Act | | | |
| Americans with Disabilities Act of 19 | 990 [] Rehabilitation Act | | | |
| _] Other | | | | |
| I hereby certify that all parties have disc | cussed and agree that the above-mentioned responses are true and | | | |
| Date | Attorney for Plaintiff (Signature) | | | |
| | Attorney for Plaintiff (Please print full name) | | | |
| Date | Attorney for Defendant (Signature) | | | |
| | | | | |